

UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 2:22-CV-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - A -

PLAINTIFF'S Grievance process

OCT 28 2021

GENERAL DISTRIBUTION

West Virginia Division of
WVDCR Inmate Grievance FormGrievance No. 21-MV-ST-383

Ricky Pendleton

#3572914

October 14, 2021

Inmate Name

OID #

Date of Grievance

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Unit Manager or Director of Inmate Services. NO WRITING ON BACK): I am still being forced onto another Religion's Religious dietary practice, since 2014. This Special Religious diet is specifically towards the Hare Krishna, Brahman dietary tenets with a Rabbi Priest who don't represent my sincerely held God Centered Culture of Islam. Which I am being coerce and substantially pressured on to practice this diet and to eat soy texturized protein which is forbidden in my way of life of Islam that violate my Pescetarian dietary tenet. Those who are involved are indifferenced to my God Centered Culture of Islam and my Pescetarian dietary practice just to appease the Hare Krishna and the Brahman dietary tenets. My First Amendment rights to practice my way of life per dietary practice is being violated against.

Relief Sought (state what you want):

Redress/Recourse: To be severed from this Religious Special Diet by establishing my Pescetarian dietary tenet based on my sincerely held God Centered Culture of Islam. Severance and nothing else would not suffice.

Ricky Pendleton

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Inmate's Signature

Unit Manager or Director of Inmate Services Response (attach additional sheet if needed)

Accepted ☒ Rejected ☐ Reason for Rejection: _____ Date: _____

Response on Merits if accepted:

Please see attached memo from Aramark Intasha M.Tes

Signature

Resolved _____ (If so initial and give a copy to Unit Manager Director of Inmate Services) Appealed to Superintendent RVP (initial) Date: Oct. 21, 2021

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00

Inmate's Signature

Date

Action by Superintendent:

Accepted ☒ Rejected ☐ Reason for Rejection: _____ Date: _____Response on Merits if accepted: ☐ Remand to Unit for further action ☒ Affirm unit and/or deny grievance ☐ Grant the Grievance as specified

Comments See attached response.

Superintendent's Signature

Date

Resolved: _____ (If so initial and give a copy to Unit Manager or Director of Inmate Services) Appealed to Commissioner RVP (initial) Date: Oct 21, 2021

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00

Inmate's Signature

Action by Commissioner:

Accepted ☒ Rejected ☐Response on Merits if accepted: ☐ Affirm Superintendent and deny grievance (Affix final stamp) ☐ Other, memo attached.

Affirmed
Grievance Denied
Central Office
Grievance Review

RECEIVED
OCT 21 2021
WARDEN'S OFFICE
MOCC



**ARAMARK
CORRECTIONAL SERVICES**

MOUNT OLIVE CORRECTIONAL COMPLEX & JAIL

1 Mountainside Way
Mount Olive, West Virginia 25185
Telephone: (304) 442-2455 – Fax: (304) 442-2456

To: Ricky Pendleton #3572914
From: Natasha Miles, FSD
Date: October 15, 2021
RE: Grievance # 21-MOCC-ST-383

Answer:

The DCR mandated religious diet does meet nutritional and religious requirements of all religions. You may choose to partake in the religious diet, or a regular diet. It is your decision

RECEIVED
CCT 21 2021
WARDEN'S OFFICE
MOCC

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

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DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - B -

PLAINTIFF'S March 20th 2007 Religious Special Request Authorization Form

Exhibit BPolicy Directive 510.00
01 July 2006
Attachment #2West Virginia Division of Corrections
Religious Special Diet Request and Authorization FormInmate Name: Ricky Pendleton DOC#: 41024Date: _____ Official name of your religion: Islamic

X Select Religious Diet Type: (Circle only one)

No Flesh

No Pork

Reason for Request:

Do not consume beef, turkey, chicken or any other animal, however will
consume fish under 50 lbs.NO CUSTOMIZED MEALS - G. R. J.

Statement of Understanding: I understand that I am requesting a special diet based upon my religious beliefs. If approved, I agree to remain in compliance with this diet. I understand that should I be found to be in non-compliance, this request will be reviewed by the Chaplain/Coordinator and I will be subject to counseling and possible revocation of any approval.

X Ricky Pendleton
Inmate SignatureX March 20, 2007
Date☐ Approved (effective date of approval: _____)☐ Disapproved

Comments:

Approved for No Flesh - Do Not
Customize Meal.G. R. J. / RSC
Authorizing Religious Personnel21 March '07
DateOriginal: Classification File
cc: Inmate, Food Service Manager, Unit Team, AWO, AWP, Religious File, Medical

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

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Civil Action No. 2:22-CV-00178

BETSY C. JIVIDEN, Commissioner,
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DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - C -

PLAINTIFF'S Policy directive §511.00 Attachment #1: Brahman's Diet

APPROVED FOR INMATE VIEWING

POLICY DIRECTIVE 511.00

01 May 2014

ATTACHMENT #1

The Brahman Diet

This diet is familiar to many Americans as that promoted by the Hare Krishna community and it is the diet members of the Brahman caste are expected to adhere to in India and elsewhere. The objective is to emphasize sattvic foods, minimize rajasic foods, and eliminate tamasic foods.

- Meat is forbidden along with all meat products.
-
- Eggs are forbidden.
-
- Milk and milk products are permitted, butter, yogurt, cream, etc. (but in India they're very expensive).
-
- Cheese must not be coagulated with rennet (an animal product). In India, the acid coagulated cheese panir predominates. It is roughly the same as hoop cheese, a form of farmer's cheese, with more of the liquid squeezed out.
-
- Onions are forbidden along with all other members of the *Allium* genus, including garlic, scallions, chives, shallots, etc.
-
- Mushrooms are forbidden along with all other fungi.
-
- Stimulants - coffee, tea, etc. are rajastic and to be avoided as they interfere with meditation.
-
- Alcohol - no.

There are, of course, exceptions. In Kashmir, Brahmans eat meat (though not beef) and to a lesser extent in Orissa, Bengal, and Maharashtra where eggs, fish, chicken, and even lamb and goat may also be included.

Tamat, Rajas and Sattva. - these Ayurvedic "vibrations" are characteristics of various foods and affect both the physical and astral bodies. This is the root theory behind various Hindu food customs.

- Tamasic (heavy) foods such as meat and fermented foods (including alcohol) promote dullness and inertia.
-
- Rajasic (expanding) foods including onions, garlic, hot spices, stimulants, fish, eggs and salt are thought excite intellect and passion which interfere with meditation.
-
- Sattvic (ascending) foods including fruits, vegetables, and grains are thought to promote transcendence, sublimity, and orderliness.

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 22-CV-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - D -

**PLAINTIFF'S February 27th 2014 The New Religious Special Diet Program and
Authorization form**

APPROVED FOR INMATE VIEWING**West Virginia Division of Corrections
Religious Special Diet Request and Authorization Form**Inmate Name: Ricky Pendleton DOC#: 41024Date: February 27, 2014 Official Name of Your Religion: Islamic**Reason for Request:**My Religious tenets do not permit eating of:
Pork; Red meat; Poultry. Can eat fish. Allergic
to Soy Products.

Statement of Understanding: I understand that I am requesting a religious special diet based upon my declared religious beliefs. If approved, I agree to remain in compliance with this diet. I understand that this request is subject to be reviewed for compliance by the Chaplain/Designated Staff Person. If it is determined I have not complied with my religious special diet, I understand I will be subject to counseling and possible progressive sanctions. These progressive sanctions for non-compliance may include: a written warning, a one (1) month suspension, and/or a one (1) year suspension.

Ricky Pendleton
Inmate Signature
Signing out of dunnessFebruary 27, 2014
DateApproved (effective date of approval: 27 February 2014)

Disapproved

Comments:Approved for Religious Special Diet only. No
special concessions granted. Non-Flesh until
new diet goes into effect[Signature]
Chaplain/Designated Staff Person27 February 2014
Date

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 2:22-CV-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
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WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - E -

PLAINTIFF'S MEDICAL RECORD

Policy Directive 424.01
01 January 2004
Attachment #1

INMATE MEDICAL SERVICES REQUEST
(Inmate to fill out top of Part A)

PART A:

NAME: Jefferson DATE: January 4, 2018
NUMBER: 411024 HOUSING UNIT: 04-2

REASON FOR REQUEST

I am having a Allergy problem, that the symptoms is very drastic

RESPONSE (To be completed by medical personnel)

Seen 1/8/14

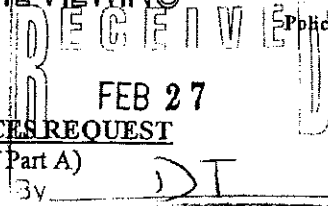
Refer to BSC - 2 mode and 1-5-19

Medical Personnel Signature

Date _____

*****PETA*****

APPROVED FOR INMATE VIEW



Policy Directive 424.01
01 January 2004
Attachment #1

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

PART A:

NAME Ricky Pendleton
NUMBER 41024

HOUSING UNIT Pin 1DATE February 26, 2014

REASON FOR REQUEST

I am feeling Constipation and diarrhea when eating the
preparation of Soy Protein products.

RESPONSE – To be completed by medical personnel.

-Rgn to MSC - B56p w 2/27/14

Medical Personnel Signature

2/27/14
Date

*****DETACH HERE*****

PART B:

NAME Ricky Pendleton
NUMBER 41024

HOUSING UNIT Pin 1DATE 2/27/14

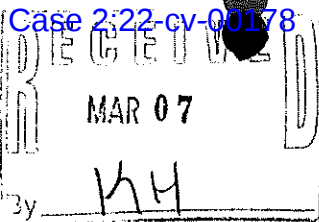
I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input checked="" type="checkbox"/> 1. Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> 2. Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> 3. Nurse Sick Call (\$3.00) with an Inmate Request Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> 4. Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
| <input type="checkbox"/> 5. Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$3.00 |
| <input type="checkbox"/> 6. Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$5.00 |
| <input type="checkbox"/> 7. Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 |
| <input type="checkbox"/> 8. A new complaint presented at an appointment that is not related to the original appointment | @ | \$3.00 |
| <input type="checkbox"/> 9. Scheduled, Non-Referral Doctor or Optometrist Call (Medical staff sets up scheduled appointment for doctor or optometrist because an inmate requested the service.) | @ | \$5.00 |
| <input type="checkbox"/> 10. Non-Emergency Scheduled Dental Visit | @ | \$5.00 |
| <input type="checkbox"/> 11. Prescription Fees Per Prescription (excluding chronic care prescriptions for chronic care patients) | @ | \$2.00 |
| <input type="checkbox"/> 12. Over the Counter Medications – Priced as established according to standard marketing practices. Separate policy and procedure shall establish doses and procedures for issue and purchase. | | |
| <input type="checkbox"/> 13. No Charge | | |

NOTE: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Inmate's Signature

Staff Witness



APPROVED FOR INMATE VIEWING

Policy Directive 424.01
01 January 2004
Attachment #1

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

PART A:

NAME Ricky Pendleton DATE March 7, 2014
NUMBER 41024 HOUSING UNIT _____

REASON FOR REQUEST

I have done as requested, this is a follow-up where I am still
having Constipation problems after ingesting Soy protein product along with
other reactions Pains, nausea. The enclanta did not work

RESPONSE -- To be completed by medical personnel.

37114 - Refer to NSCA Uncaider

[Signature]
Medical Personnel Signature

3/11/14
Date

*****DETACH HERE*****

PART B:

NAME _____ DATE _____
NUMBER _____ HOUSING UNIT _____

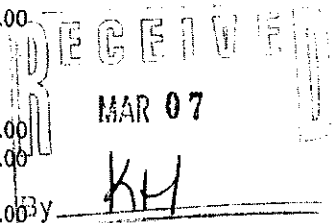
I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input type="checkbox"/> 1. Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> 2. Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> 3. Nurse Sick Call (\$3.00) with an Inmate Request
Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> 4. Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
| <input type="checkbox"/> 5. Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$3.00 |
| <input type="checkbox"/> 6. Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$5.00 |
| <input type="checkbox"/> 7. Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 |
| <input type="checkbox"/> 8. A new complaint presented at an appointment that is not related
to the original appointment | @ | \$3.00 |
| <input type="checkbox"/> 9. Scheduled, Non-Referral Doctor or Optometrist Call
(Medical staff sets up scheduled appointment for
doctor or optometrist because an inmate requested the
service.) | @ | \$5.00 |
| <input type="checkbox"/> 10. Non-Emergency Scheduled Dental Visit | @ | \$5.00 |
| <input type="checkbox"/> 11. Prescription Fees Per Prescription (excluding chronic care prescriptions
for chronic care patients) | @ | \$2.00 |
| <input type="checkbox"/> 12. Over the Counter Medications -- Priced as established
according to standard marketing practices. Separate policy
and procedure shall establish doses and procedures for issue
and purchase. | | |
| <input checked="" type="checkbox"/> 13. No Charge | | |

NOTE: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Inmate's Signature

[Signature]
Staff Witness



Policy Directive 4.24.01
 January 2004
 Amendment #1

RECEIVED

MAR 26

By DT

INMATE MEDICAL SERVICES REQUEST
 (Inmate to fill out top of Part A)

PART A:

NAME Ricky Pendleton HOUSING UNIT Pine DATE March 25, 2014

NUMBER 41024

REASON FOR REQUEST

Follow up: I'm still having abdominal pain and constipation from eating
the soy food. Requesting for a diet change this will not violate my Religious
Practice.

RESPONSE (To be completed by medical personnel)

Refer to WSC 3/26/14

[Signature]
 Medical Personnel Signature

3/26/14
 Date

*****DETACH HERE*****

PART B:

NAME Ricky Pendleton DATE 3/26/14

NUMBER 41024 HOUSING UNIT Pine

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | |
|-------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | 1. | Nurse Sick Call |
| <input type="checkbox"/> | 2. | Nurse Sick Call with a Referral to a Doctor |
| <input type="checkbox"/> | 3. | Nurse Sick Call (\$3.00) with an Inmate Request Referral to a Doctor (\$2.00) |
| <input type="checkbox"/> | 4. | Non-Emergency Visit for Treatment by a Nurse |
| <input type="checkbox"/> | 5. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse |
| <input type="checkbox"/> | 6. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor |
| <input type="checkbox"/> | 7. | Missed, Non-Excused Scheduled Medical Appointment |
| <input type="checkbox"/> | 8. | A new complaint presented at an appointment that is not related to the original appointment |
| <input type="checkbox"/> | 9. | Scheduled, Non-Referral Doctor or Optometrist Call (Medical staff sets up scheduled appointment for doctor or optometrist because an inmate requested the service.) |
| <input type="checkbox"/> | 10. | Non-Emergency Scheduled Dental Visit |
| <input type="checkbox"/> | 11. | Prescription Fees Per Prescription (excluding chronic care prescriptions for chronic care patients) |
| <input type="checkbox"/> | 12. | Over the Counter Medications - Priced as established according to standard marketing prices. Separate policy and procedure shall establish doses and procedures for issue and purchase |
| <input checked="" type="checkbox"/> | 13. | No Charge |

@ \$3.00
 @ \$3.00
 @ \$5.00
 @ \$3.00
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 @ \$5.00
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 @ \$3.00
 @ \$5.00
 @ \$5.00
 @ \$2.00

RECEIVED

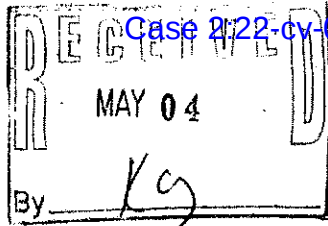
MAR 26

By DT

Note: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

[Signature]
 Inmate's Signature

[Signature]
 Staff Witness



Policy Directive 424.01
01 January 2004
Attachment #1

INMATE MEDICAL SERVICES REQUEST
(Inmate to fill out top of Part A)

PART A:

NAME Ricky Pendleton DATE May 4, 2014
NUMBER 41024 HOUSING UNIT Spurt

REASON FOR REQUEST

Following up I am still having pain in my abdominal and having constipation problems while eating soft food. You can contact Debra Hill in the compliance office to verify can change diet upon diet order in medical will not interfere with religious practice

RESPONSE (To be completed by medical personnel):

NSC

[Signature]
Medical Personnel Signature

5/6/14
Date

*****DETACH HERE*****

PART B:

NAME Ricky Pendleton DATE _____
NUMBER 41024 HOUSING UNIT St

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | | |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input checked="" type="checkbox"/> | 1. Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> | 2. Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> | 3. Nurse Sick Call (\$3.00) with an Inmate Request Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> | 4. Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
| <input type="checkbox"/> | 5. Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$3.00 |
| <input type="checkbox"/> | 6. Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$5.00 |
| <input type="checkbox"/> | 7. Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 |
| <input type="checkbox"/> | 8. A new complaint presented at an appointment that is not related to the original appointment | @ | \$3.00 |
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| <input type="checkbox"/> | 13. No Charge | | |

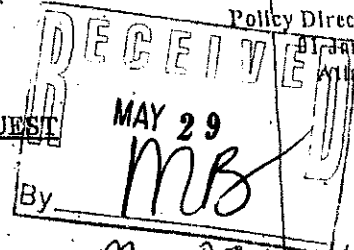
Note: At no time will any Medical Services be denied to any Inmate who cannot pay for these services.

Inmate's Signature

[Signature]
Staff Witness

INMATE MEDICAL SERVICES REQUEST
(Inmate to fill out top of Part A)

Policy Directive 424.01
January 2004
Attachment #1



PART A:

NAME Ricky Pendleton
NUMBER 41024

HOUSING UNIT QuartDATE May 28, 2014

REASON FOR REQUEST

I am still having constipation and abdominal pain. I am trying to eat the soy because I have nothing else to eat. The MDC is willing to accommodate and replace my diet by replacing the soy with something else upon a diet order medically. I am trying to resolve this matter.

RESPONSE (To be completed by medical personnel)

SHALIA Refer to NSC Admin/aid RD

[Signature]
Medical Personnel Signature

DATE 6/2/14

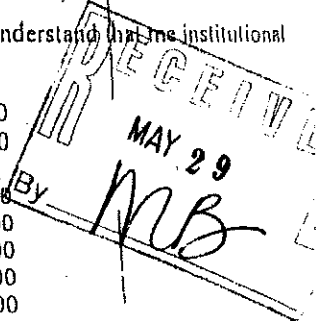
*****DETACH HERE*****

PART B:

NAME Ricky Pendleton DATE _____
NUMBER 41024 HOUSING UNIT 5F

I understand that there will be a charge for medical services. I request the following medical services and understand that the institutional account or voluntary savings account will be charged for these services.

- | | | | | |
|-------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input type="checkbox"/> | 1. | Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> | 2. | Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> | 3. | Nurse Sick Call (\$3.00) with an Inmate Request Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> | 4. | Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
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| <input type="checkbox"/> | 11. | Prescription Fees Per Prescription (excluding chronic care prescriptions for chronic care patients) | @ | \$2.00 |
| <input type="checkbox"/> | 12. | Over the Counter Medications - Priced as established according to standard marketing prices. Separate policy and procedure shall establish doses and procedures for issue and purchase | | |
| <input checked="" type="checkbox"/> | 13. | No Charge | | |



Note: At no time will any Medical Services be denied to any Inmate who cannot pay for these services.

[Signature]
Inmate's Signature

[Signature]
Staff Witness

APPROVED FOR INMATE VIEWING

Policy Directive 424.01
01 January 2004
Attachment #1

JUN 13

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

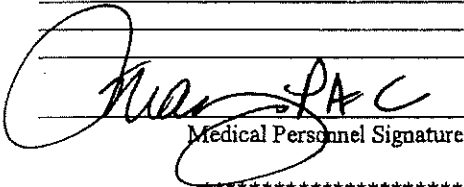
PART A:

NAME Ricky Pendleton
NUMBER 41024By DT DATE June 12, 2014HOUSING UNIT Stuart

REASON FOR REQUEST

I am still going through constipation and there is pain in my abdominal area as well need to resile this need.

RESPONSE -- To be completed by medical personnel.

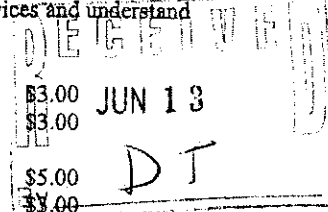
6/13/14 - Refer to NSC & Kimcaider
Medical Personnel Signature6-16-14
Date

*****DETACH HERE*****

PART B:

NAME Ricky Pendleton
NUMBER 41024DATE 6/13/14HOUSING UNIT ST

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Nurse Sick Call | @ | \$3.00 |  |
| <input type="checkbox"/> 2. Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 | |
| <input type="checkbox"/> 3. Nurse Sick Call (\$3.00) with an Inmate Request
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| <input type="checkbox"/> 4. Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 | |
| <input type="checkbox"/> 5. Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$3.00 | |
| <input type="checkbox"/> 6. Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$5.00 | |
| <input type="checkbox"/> 7. Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 | |
| <input type="checkbox"/> 8. A new complaint presented at an appointment that is not related
to the original appointment | @ | \$3.00 | |
| <input type="checkbox"/> 9. Scheduled, Non-Referred Doctor or Optometrist Call
(Medical staff sets up scheduled appointment for
doctor or optometrist because an inmate requested the
service.) | @ | \$5.00 | |
| <input type="checkbox"/> 10. Non-Emergency Scheduled Dental Visit | @ | \$5.00 | |
| <input type="checkbox"/> 11. Prescription Fees Per Prescription (excluding chronic care prescriptions
for chronic care patients) | @ | \$2.00 | |
| <input type="checkbox"/> 12. Over the Counter Medications -- Priced as established
according to standard marketing practices. Separate policy
and procedure shall establish doses and procedures for issue
and purchase. | | | |
| <input type="checkbox"/> 13. No Charge | | | |

NOTE: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Inmate's Signature

Staff Witness

INMATE MEDICAL SERVICES REQUEST
(Inmate to fill out top of Part A)

JUN 24

Policy Directive 424.01
01 January 2004
Attachment #1

DT

PART A:

NAME Ricky Pendleton
NUMBER 41024

HOUSING UNIT Stuart 2DATE June 23, 2014

REASON FOR REQUEST

Follow up on the abdominal x-ray

RESPONSE (To be completed by medical personnel)

[Signature]
Medical Personnel Signature

6-24-14
Date

*****DETACH HERE*****

PART B:

NAME Ricky Pendleton
NUMBER 41024

HOUSING UNIT St 2DATE 6/24/14

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | | | |
|-------------------------------------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input type="checkbox"/> | 1. | Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> | 2. | Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> | 3. | Nurse Sick Call (\$3.00) with an Inmate Request Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> | 4. | Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
| <input type="checkbox"/> | 5. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$3.00 |
| <input type="checkbox"/> | 6. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$5.00 |
| <input type="checkbox"/> | 7. | Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 |
| <input type="checkbox"/> | 8. | A new complaint presented at an appointment that is not related to the original appointment | @ | \$3.00 |
| <input type="checkbox"/> | 9. | Scheduled, Non-Referral Doctor or Optometrist Call (Medical staff sets up scheduled appointment for doctor or optometrist because an inmate requested the service.) | @ | \$5.00 |
| <input type="checkbox"/> | 10. | Non-Emergency Scheduled Dental Visit | @ | \$5.00 |
| <input type="checkbox"/> | 11. | Prescription Fees Per Prescription (excluding chronic care prescriptions for chronic care patients) | @ | \$2.00 |
| <input type="checkbox"/> | 12. | Over the Counter Medications - Priced as established according to standard marketing prices. Separate policy and procedure shall establish doses and procedures for issue and purchase | | |
| <input checked="" type="checkbox"/> | 13. | No Charge | | |

RECEIVED
JUN 24
DT

Note: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Inmate's Signature

Staff Witness

6-24-14
FV119E

APPROVED FOR INMATE VIEW

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

PART A:

NAME Ricky Pendleton DATE August 5, 2014
 NUMBER 41024 HOUSING UNIT Stuart

REASON FOR REQUEST

I am having gastric Problem after eating the soy, the constipation
is blocking the gas from coming out which leads to having abdominal pain as well
I am still having problems with this soy bar stools.

RESPONSE – To be completed by medical personnel.

8/6/14 Refer to NSC Akumcader

[Signature]
 Medical Personnel Signature

8/6/14
 Date

*****DETACH HERE*****

PART B:

NAME Ricky Pendleton DATE 8/6/14
 NUMBER 41024 HOUSING UNIT ST

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input type="checkbox"/> 1. Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> 2. Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> 3. Nurse Sick Call (\$3.00) with an Inmate Request
Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> 4. Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
| <input type="checkbox"/> 5. Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$5.00 |
| <input type="checkbox"/> 6. Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$3.00 |
| <input type="checkbox"/> 7. Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 |
| <input type="checkbox"/> 8. A new complaint presented at an appointment that is not related
to the original appointment | @ | \$3.00 |
| <input type="checkbox"/> 9. Scheduled, Non-Referred Doctor or Optometrist Call
(Medical staff sets up scheduled appointment for
doctor or optometrist because an inmate requested the
service.) | @ | \$5.00 |
| <input type="checkbox"/> 10. Non-Emergency Scheduled Dental Visit | @ | \$5.00 |
| <input type="checkbox"/> 11. Prescription Fees Per Prescription (excluding chronic care prescriptions
for chronic care patients) | @ | \$2.00 |
| <input type="checkbox"/> 12. Over the Counter Medications – Priced as established
according to standard marketing practices. Separate policy
and procedure shall establish doses and procedures for issue
and purchase. | | |
| <input checked="" type="checkbox"/> 13. No Charge | | |

NOTE: At no time will any Medical Services be denied to any inmate who cannot pay for those services.

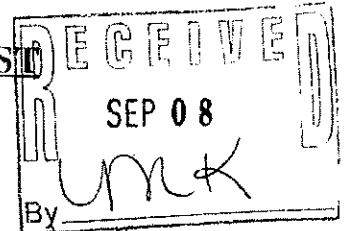
[Signature]
 Inmate's Signature

[Signature]
 Staff Witness

Rec'd 9-8-14 0535

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)



PART A:

NAME Ricky Pendleton DATE September 8, 2014
 NUMBER 41024 HOUSING UNIT Q2 - 606

REASON FOR REQUEST

The Constipation, abdominal pain and the serious gas is recurring even after taking the stool softener pill. This problem is going to reoccur until my situation is to avoid eating soy products. Food Service will accomodate ~~my~~ soy diet tray upon a diet order. I request to see a Doctor. Thank you

RESPONSE (To be completed by medical personnel.)

Refer to NSC - 9/8/14 ^{Refer to MDSC} ^{per AT's Request.}
 Date

K. Foster Lpn
 Medical Personnel Signature

9/10/14
 Date

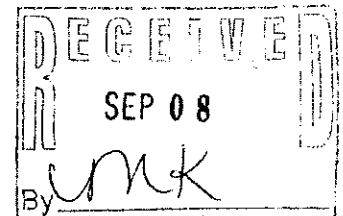
*****DETACH HERE*****

PART B:

NAME Ricky Pendleton DATE September 8, 2014
 NUMBER 41024 HOUSING UNIT Q2 - 606

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

<input type="checkbox"/>	Nurse Sick Call	@	\$3.00
<input type="checkbox"/>	Nurse Sick Call (\$3.00) with Referral to Doctor (\$2.00)	@	\$5.00
<input type="checkbox"/>	Non-Emergency Visit for Treatment by Nurse	@	\$3.00
<input type="checkbox"/>	Self-Inflicted/Self-Induced Injury/Illness Requiring Nurse	@	\$3.00
<input checked="" type="checkbox"/>	Self-Inflicted/Self-Induced Injury/Illness Requiring Doctor	@	\$5.00
<input type="checkbox"/>	Missed Non-Excused Scheduled Appointment	@	\$3.00
<input type="checkbox"/>	New Complaint Presented at Appointment and Not Related to Original Appointment	@	\$3.00
<input type="checkbox"/>	Scheduled Non-Referral Doctor or Optometrist Call	@	\$5.00
<input type="checkbox"/>	Non-Emergency Scheduled Dental Visit	@	\$5.00
<input type="checkbox"/>	Fee Per Prescription (excluding chronic care prescriptions for chronic care patients)	@	\$2.00
<input type="checkbox"/>	Over-the-Counter Medications - Priced as established according to standard marketing practices.		
<input type="checkbox"/>	No Charge		



NOTE: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Rec'd 10/14/14

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

PART A:

NAME Bicky Pendleton DATE October 10, 2014
NUMBER 41024 HOUSING UNIT Q-2 711

REASON FOR REQUEST

Need a non-soy diet order due to recurrence of abdominal pains,
gas pains, constipation each time treatment expires and I eat the
soy foods. I would also get nausea and vomit at times.

RESPONSE (To be completed by medical personnel.)

Refer to NPSC
[Signature]

K. F. Foster

Medical Personnel Signature

10/22/14

Date

*****DETACH HERE*****

PART B:

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

PART A:

NAME Rickey Pendleton DATE October 4, 2021
 NUMBER 3570914 HOUSING UNIT Stuart 213

REASON FOR REQUEST

Follow-up: I am still having pain in my stomach from eating the Soy
as far as my diet and the laxative doesn't work, this is not an upset stomach

RESPONSE (To be completed by medical personnel)

Face to face in WSC 10/5/21
ES

Medical Personnel Signature

Date

*****DETACH HERE*****

PART B:

NAME _____ DATE _____
 NUMBER _____ HOUSING UNIT _____

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | | | |
|--------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| <input type="checkbox"/> | 1. | Nurse Sick Call | (a) | \$3.00 |
| <input type="checkbox"/> | 2. | Nurse Sick Call with a Referral to a Doctor | (a) | \$3.00 |
| <input type="checkbox"/> | 3. | Nurse Sick Call (\$3.00) with an Inmate Request
Referral to a Doctor (\$2.00) | (a) | \$5.00 |
| <input type="checkbox"/> | 4. | Non-Emergency Visit for Treatment by a Nurse | (a) | \$3.00 |
| <input type="checkbox"/> | 5. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | (a) | \$3.00 |
| <input type="checkbox"/> | 6. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | (a) | \$5.00 |
| <input type="checkbox"/> | 7. | Missed, Non-Excused Scheduled Medical Appointment | (a) | \$3.00 |
| <input type="checkbox"/> | 8. | A new complaint presented at an appointment that is not related
to the original appointment | (a) | \$3.00 |
| <input type="checkbox"/> | 9. | Scheduled, Non-Referred Doctor or Optometrist Call
(Medical staff sets up scheduled appointment for
doctor or optometrist because an inmate requested the
service) | (a) | \$5.00 |
| <input type="checkbox"/> | 10. | Non-Emergency Scheduled Dental Visit | (a) | \$5.00 |
| <input type="checkbox"/> | 11. | Prescription Fees Per Prescription (excluding chronic care prescriptions
for chronic care patients) | (a) | \$2.00 |
| <input type="checkbox"/> | 12. | Over the Counter Medications -- Priced as established
according to standard marketing prices. Separate policy
and procedure shall establish doses and procedures for issue
and purchase | | |
| <input type="checkbox"/> | 13. | No Charge | | |

Note: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Inmate's Signature

Staff Witness

Policy Directive 424.01

01 January 2004

Attachment #1

INMATE MEDICAL SERVICES REQUEST

(Inmate to fill out top of Part A)

PART A:

NAME Ricky Pendleton DATE Sept. 30, 2021
 NUMBER 3572914 HOUSING UNIT Stuart 215

REASON FOR REQUEST

I am having pain in my stomach from eating the soap in the
kitchen. The laxative does not work. I'm requesting a no-Soap
allergy diet because this is going to keep coming up.

RESPONSE (To be completed by medical personnel)

See to face in CSC 10/1/21

Medical Personnel Signature

Date

*****DETACH HERE*****

PART B:

NAME _____ DATE _____
 NUMBER _____ HOUSING UNIT _____

I understand that there will be a charge for medical services. I request the following medical services and understand that my institutional account or voluntary savings account will be charged for these services.

- | | | | | |
|--------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------|
| <input type="checkbox"/> | 1. | Nurse Sick Call | @ | \$3.00 |
| <input type="checkbox"/> | 2. | Nurse Sick Call with a Referral to a Doctor | @ | \$3.00 |
| <input type="checkbox"/> | 3. | Nurse Sick Call (\$3.00) with an Inmate Request
Referral to a Doctor (\$2.00) | @ | \$5.00 |
| <input type="checkbox"/> | 4. | Non-Emergency Visit for Treatment by a Nurse | @ | \$3.00 |
| <input type="checkbox"/> | 5. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Nurse | @ | \$3.00 |
| <input type="checkbox"/> | 6. | Self-Inflicted or Self-Induced Injury or Illness Requiring a Doctor | @ | \$5.00 |
| <input type="checkbox"/> | 7. | Missed, Non-Excused Scheduled Medical Appointment | @ | \$3.00 |
| <input type="checkbox"/> | 8. | A new complaint presented at an appointment that is not related
to the original appointment | @ | \$3.00 |
| <input type="checkbox"/> | 9. | Scheduled, Non-Referral Doctor or Optometrist Call
(Medical staff sets up scheduled appointment for
doctor or optometrist because an inmate requested the
service.) | @ | \$5.00 |
| <input type="checkbox"/> | 10. | Non-Emergency Scheduled Dental Visit | @ | \$5.00 |
| <input type="checkbox"/> | 11. | Prescription Fees Per Prescription (excluding chronic care prescriptions
for chronic care patients) | @ | \$2.00 |
| <input type="checkbox"/> | 12. | Over the Counter Medications - Priced as established
according to standard marketing prices. Separate policy
and procedure shall establish doses and procedures for issue
and purchase | | |
| <input type="checkbox"/> | 13. | No Charge | | |

Note: At no time will any Medical Services be denied to any inmate who cannot pay for these services.

Inmate's Signature

Staff Witness



Progress Notes

INMATE NAME: Ricky Pendleton	ID #: 41024
D.O.B. 3-30-76	INSTITUTION: MT OLIVE CORRECTIONAL COMPLEX

DATE/ TIME	DISCIPLINE ABBREVIATION	PROBLEM # TREATMENT GOAL #	REMARKS SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN, EDUCATION
6-16-14		0940 (5)	withel C/P 132/86 P 69 R-18 T 98.4 0845 C/O feeling "Bad-tired or coming up here" Tired of this soy situation. C/O soy causing teeth to hurt. N/V/O/D and pain. Discussed placing PT into infirmary for monitoring d/t C/O N/V/O/D and Abd pain. And PT then stated he only had N/V 1x when his teeth hurt. Signed refusal for Inf admission. Upon examination of PT's mouth, he then denied tooth pain and stated, he may have an abscess caused by the soy but no pain, only well show up on X-ray. Wants soy diet from diet. States he cannot eat - 2 lb wt gain since 6-14 d/wt loss. Recent labs indicate dehydration. (0) Thin Black Male. NAD A&O x 3 Mouth moist mucosa pink. Oral teeth & tenderness & abscess noted. LTA&B C/V/D. And soft NT ND (+) BS x 4 GLEE (A) Request DIC of soy diet C/O Nausea, Vomiting, Diarrhea, Constipation d/t consumption of soy Abdominal pain (P) Unable to dic soy diet d/t religious diet contact DOC, requesting same. Attempted to admit patient to Inf for monitoring d/t N/V/O/D. PT Refused and Signed AMA. Will order And XRAY and F/U PRN PT Ed to ↑ H2O exercise & fiber. KTC PRN. <i>Maugh-C.</i> 0845 6-23-14 Addendum: Xray report of 6-18-14 indicates



Progress Notes

INMATE NAME: <u>Ricky Pendleton</u>	ID #: <u>41024</u>
D.O.B. <u>3-30-76</u>	INSTITUTION: <u>MT OLIVE CORRECTIONAL COMPLEX</u>

DATE/ TIME	DISCIPLINE ABBREVIATION	PROBLEM # TREATMENT GOAL #	REMARKS SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN, EDUCATION
6-23-14		0845	- Continued - "Nonspecific abdomen with no finding to suggest acute mechanical obstruction or perforation," by Dr. Norman Kinnington, MD.
7/24/14		0914	Gen. Share Slip x 1 yr 2° to pseudo- folliculitis barbae. Pt requested results of and x-ray of 6-18-14. Discussed same. Advised Pt. requested son be replaced on diet. Advised Pt. unable to RHC. Son diet. d/t religious diet. Not a medical diet. KTC PRN
8-6-14 @		1150	wt. 156 BP 100/70 P-65 R-10 T-98.3 O-96 I/M still to "abdominal pain from trapped gas due to constipation." Advised USS Completed S.May PAC - I/M refused intimacy so his TDO's could be monitored and AMA signed. S.May advised Place for 3 days Advised to 1 water 5 capsules and to take place nightly and KTC PRN
9/10/14		0900	Submitted e nsc about the way in his diet requests to keep his religious diet but have e order for NO-soy d/t d/o stomach upset advised him that the pt address this with him on 6/8/14 and that he wouldn't make adjustments to his religious diet. He said that he would try to schedule e meeting with the dietitian advised him to submit e nsc per KFCup declined nursing protocol - KFCup
9/10/14		0900	

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 2:22-CV-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - F -

**PLAINTIFF'S April 30th 2014 The New Religious Special Diet Program and Authorization
form**

APPROVED FOR INMATE VIEWING**West Virginia Division of Corrections
Religious Special Diet Request and Authorization Form**Inmate Name: Ricky Penleton DOC#: 41024Date: April 30, 2014 Official Name of Your Religion: Islamic**Reason for Request:**

My Religious tenant is ^{can not eat} red meat, pork, chicken and turkey. Can eat fish, and do have digestive problems when eating Soy products.

Statement of Understanding: I understand that I am requesting a religious special diet based upon my declared religious beliefs. If approved, I agree to remain in compliance with this diet. I understand that this request is subject to be reviewed for compliance by the Chaplain/Designated Staff Person. If it is determined I have not complied with my religious special diet, I understand I will be subject to counseling and possible progressive sanctions. These progressive sanctions for non-compliance may include: a written warning, a one (1) month suspension, and/or a one (1) year suspension.

Ricky Penleton 41024
Inmate Signature

April 30, 2014
Date

Approved (effective date of approval: 30 April 2014)

Disapproved

Comments:

Approved for Religious Diet only, no concessions granted.

Debra M.
Chaplain/Designated Staff Person

30 April 2014
Date

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 2:22-cv-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - G -

PLAINTIFF'S Inmate Religious Accommodation Request Form

APPROVED FOR INMATE VIEWING

Policy Directive 510.00
01 May 2014
Attachment #1West Virginia Division of Corrections
Inmate Religious Accommodation Request Form

Note: If more than one inmate is filing a request, each inmate must submit a form. If this is a group request, information must be submitted to the Chaplain or Religious Services Coordinator, who will compile information about the group request and forward the information to the Facility Religious Services Committee.

Inmate Name: Ricky Pendleton DOC#: #41024
 Date: 7/10/14 Official name of your religion: God Centered Culture of Islam

Give a detailed description of the requested accommodation:

The description of the requested accommodation is that I am an ovo-lacto-vegetarian with the allowable exception of eating certain fish I cannot eat raw soy; texturized soy protein; fermented soy products; and any other processed soy products, due to having digestive problems such as nausea; abdominal pain; vomiting; and constipation. For this reason it is considered "Haram."

Describe, in detail, your religion's basic tenets or beliefs, which you feel require that you be provided with the requested accommodation:

My way of life is that of the Sufi Original Traditions, My God centered culture of Islam is a strict emulation of the Muhammad. The esoteric teaching of Sufism having capacity of acquire direct experience of gnosis of the True and living God. Vegetarianism promotes compassion and harmlessness to living creatures. My diets consist of eating only (All) vegetables, fruits and certain fish. This aids in the purification of the mind, body and the reparation of mental/inner-self.

List any publications, which explain the religious significance of the requested accommodation: (You may be requested to provide a copy of listed publications to the Chaplain or Religious Services Coordinator.)

For religious significance of why I cannot digest any soy product see:
[Weston A. Price Foundation]

The Old Original traditions of the Sufi Order.

Ricky Pendleton

July 10, 2014

Chaplain/Coordinator Signature: <u>Robert Lee</u>	Date Received: <u>9 July 2014</u>
Date reviewed by Facility Religious Services Committee:	Date reviewed by Steering Committee:

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

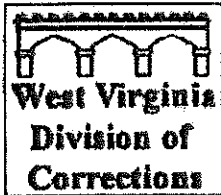
Civil Action No. 2:22-cv-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - H -

PLAINTIFF'S Policy Directive §511.00 2014 version



STATE OF WEST VIRGINIA
DEPARTMENT OF MILITARY AFFAIRS & PUBLIC SAFETY
DIVISION OF CORRECTIONS



EARL RAY TOMBLIN
GOVERNOR

JIM RUBENSTEIN
COMMISSIONER

JOE C. THORNTON
SECRETARY

J. L. CHAMBERLAIN
ASSISTANT COMMISSIONER
999 ELEVENTH STREET
MOUNDSVILLE, WV 26041

MEMORANDUM

TO: Wardens/Administrators/Directors
FROM: Jim Rubenstein, Commissioner
DATE: 28 February 2014
RE: Policy Directive 511.00, Religious Special Diet

On December 1, 2013, I published a memorandum concerning the above-referenced Policy Directive. In that memorandum I advised that the Policy Directive had an effective date of 01 December 2013, but due to the need for some internal mechanisms of this Policy Directive to take place, Policy Directive 511.00 would not be implemented or utilized until 01 March 2014.

However, I must inform you at this time that some of the internal mechanisms have not been completed; therefore, once these internal mechanisms are complete, a revised version of Policy Directive 511.00 will be published with an effective date and implementation date of 01 April 2014.

I trust that this information is adequate for your needs; however, if you have any questions, please do not hesitate to contact Assistant Commissioner Chamberlain.

JC/kjc

cc: File

APPROVED FOR INMATE VIEWING

STATE OF WEST VIRGINIA

NUMBER: 511.00

DIVISION OF CORRECTIONS

DATE: 01 May 2014

POLICY DIRECTIVE

SUBJECT: Religious Special Diet

**AUTHORITY: WV Code 25-1-5 and
62-13-4; ACA Standard
4-4517**

-
- I. POLICY:** It is the policy of the West Virginia Division of Corrections (WVDOC) to maintain a mechanism that ensures the availability of a religious special diet in order that members of the inmate population may pursue individual religious beliefs and practices as is consistent with the maintenance of security and good order of WVDOC institutions/facilities/centers. No inmate will be compelled to participate in any religious special diet.
- II. CANCELLATION:** Policy Directive 511.00, dated 01 December 2013.
- III. DEFINITIONS:**

Koshered (koshered, koshering, kosher): To make proper or ritually pure. In order to prepare meals, any utensil or surface the food comes in contact with must be koshered or the food will be rendered (**TREIF**) or no longer kosher. In order to render kitchen utensils and/or cooking surfaces koshered, the items used must be submerged completely in a vessel that contains boiling water.

Halal (halal, halalled, halalning): Relates specifically to ritually slaughtered meat as prescribed by Islamic law. There are no meat products in the Kosher/Halal religious special diet. However, the meal shall be declared Halal based on the product meeting ritually pure items guidelines.

Brahman Diet: Members of the Brahman caste in India, and elsewhere, are expected to follow this diet. Members of the Hare Krishna belief follow this religious diet. This diet differs somewhat from the other diet requirements but can be managed by insuring prohibited food items are not served. Particular food item requirements for this diet includes: meat, meat products, and meat by-products are forbidden; eggs are forbidden; milk and milk products, such as butter, yogurt, cream, etc., are permitted; cheese must not be coagulated with rennet (animal product); onions and other members of the allium family, such as garlic, scallions, chives, and shallots are not allowed; mushrooms and other fungi are not allowed; stimulants such as coffee, tea, etc. are not allowed; and alcohol is prohibited (Attachment #1).

Chaplain: A paid employee of the State of West Virginia, who works in direct contact with the inmate population within a facility/institution/center to ensure that spiritual needs are met

APPROVED FOR INMATE VIEWING

Policy Directive# 511.00
01 May 2014
Page 2 of 5

(Section V, A, 3, 4a & b on pages 2 and 3 of Policy Directive 510.00 provides additional information on this matter).

IV. APPLICABILITY: All units within the Division of Corrections

V. PROCEDURE:

A. GENERAL PROVISIONS

1. Only one (1) religious special diet will be created or served.
2. Meat is never an item in the religious special diet.
3. The Religious Special Diet is not to be used simply as a meal choice.
4. The Religious Special Diet is not intended to provide everything an inmate of any faith may eat. The Religious Special Diet is intended to provide a nutritionally adequate meal that meets dietary restrictions imposed by various beliefs.

B. FOOD ITEMS

1. The entrée for the Religious Special Diet may be purchased from a recognized vendor with appropriate Kosher and/or Halal certifications. The Food Service Vendor will maintain current certifications. The product label for the entrée shall display the appropriate certification symbol(s). Copies of all current certifications shall be maintained in the Food Service Area and in Administration offices.
2. Cereal used in the religious special diet program may be purchased in bulk. The packaging shall display the appropriate certification symbol(s).
3. The breads used in the religious special diets and used at each meal shall display the appropriate certification symbol(s). The required number of slices (portion) is to be taken from the original packaging and placed on the appropriately colored tray during serving as needed.
4. Fresh whole fruit and vegetables are to be broken when necessary to accomplish the proper serving size. Knives are not used in order to avoid treif contamination or violation of proper kosher food preparation.
5. Peanut butter, cream cheese, jelly, juice and other items used daily shall display the appropriate certification symbol(s). It is recommended, where economically feasible, to purchase products individually packaged which display the appropriate certification symbol(s).

APPROVED FOR INMATE VIEWING

Policy Directive# 511.00
01 May 2014
Page 3 of 5

6. The serving trays, bowls, eating utensils, etc. are to be color coded for the Religious Special Diet. A sufficient quantity of paper/Styrofoam products and individually wrapped spoons and forks should be maintained on hand for use during a lockdown, natural disaster, or other planned or unplanned event.
7. Specific handling requirements shall be addressed by the Food Service Vendor. The Food Service Vendor will train appropriate staff and inmate food service workers in proper Kosher Food Handling procedures. Current signed training forms on the handling requirements will be maintained on site by the vendor with a copy of the signed form going to the Warden/Administrator/Designee.
8. The food handling instructions for the religious special diet will be prominently displayed in the religious special diet preparation area(s).
9. Food stuffs and preparation and serving utensils/equipment shall be appropriately stored in specifically designated areas.

C. EQUIPMENT

1. The purpose of providing and using separate cooking, serving, and eating utensils is to avoid cross contamination of foods. These items are to be used only for the religious special diet without exception.
2. Each item is to be distinctively and permanently marked for use with the religious special diet only.
3. Equipment for the religious special diet is to be stored separately in the respective locker box, secure cabinet, or other specifically designated secure location. Food Service Staff and/or Correctional Staff are the only ones authorized to retrieve from or place items in these secure areas.
4. The Food Service Contractor shall provide a required equipment list needed to prepare and serve the Religious Special Diet.
5. When necessary, the WVDOC will request the services of a Rabbi to perform the ritual cleansing/sanctifying ceremony (kashering ceremony) for the designated utensils.
6. Replacement utensils and items improperly used will be ritually cleansed sanctified as well.

D. PURCHASING

1. Sufficient quantities of food stuffs, while considering spoilage, and other supplies shall be maintained on hand in order to ensure there is no disruption in serving the

APPROVED FOR INMATE VIEWING

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religious special diet in the event of a lockdown, natural disaster, or other planned or unplanned event.

2. All flavors of the Kosher/Halal entree that are available shall be purchased for each facility.

E. MENU

1. The Food Service Registered Dietician shall develop appropriate spread sheets for the religious special diet. The meal plan may include a cold (cereal) breakfast but must include a hot prepared lunch and dinner. Spreadsheets from established programs using the Kosher/Halal product may be considered.
2. Care should be taken to provide sufficient variety in the meals.

F. SPECIAL OCCASIONS

1. Declared members of a specific faith group may request one special meal observance per year that is accepted as a common practice of that faith. An example is the feast following the Ramadan fast.
2. Only declared members of that faith may participate.
3. In some cases, such as the feast after Ramadan, the members must have participated in required activity, such as fasting during Ramadan, in order to be eligible for participation in the special meal observance.
4. Declared members of a specific faith group may request one special entrée and one special desert for the special meal observance. All will be subject to cost restrictions and product availability. Cost for the additional special items shall be absorbed by the institution/facility/center.
5. Preparation and/or delivery of the special meal may vary according to institution/facility/center capability.

G. INMATE DIET GUIDELINES

1. Inmates shall be afforded reasonable and equitable opportunity to observe the religious dietary practice of their faith, within considerations for security constraints and the cost effective and orderly running of the institution/facility/center. The religious diet will be designed to observe the dietary restrictions prohibiting certain food items or groups of food items. No attempt will be made to provide and serve every food item a particular religion may allow.
2. Recognizing that some food groups that different belief systems are permitted to eat will not be served in the religious special diet, an inmate may supplement his/her diet

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by purchasing allowable items for himself/herself from the commissary, if they are readily available in the commissary. This does not require the commissary to carry items for specific faith groups.

3. Inmates must submit written requests for religious diets to the Chaplain or designated staff.
4. The Chaplain or designated staff member shall utilize the Religious Special Diet Request and Authorization Form to authorize a religious special diet (Attachment #2).
5. The Chaplain or designated staff member may withdraw approval for a religious diet from an inmate if the inmate is documented as being in violation of the terms of the religious diet program to which the inmate has agreed to in writing.
 - a. An inmate shall not be disciplined for failure to follow a religious tenet. However, when an inmate requests this special accommodation, the WVDOC has the right to expect compliance with the religious diet program. The least restrictive means available of ensuring the integrity of the religious special diet program is to have sanctions for non-compliance. There may be periods of suspension from participation in the religious special diet program for non-compliance.
 - b. Progressive sanctions for non-compliance may include: a written warning, a one (1) month suspension, and a one (1) year suspension
 - c. In order to preserve the integrity and orderly operation of the religious special diet program and to prevent fraud, inmates who withdraw may not be immediately re-established back into the program. A minimum of thirty (30) days shall elapse before an inmate is permitted to withdraw from one religious special diet and beginning another religious special diet. Repeated withdrawals are subject to the same progressive sanctions used for non-compliance.

APPROVED SIGNATURE: _____

Jim Rubenstein, Commissioner

May 1, 2014

Date

**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 2:22-cv-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - I -

PLAINTIFF'S Affidavit

COPY CERTIFICATION BY DOCUMENT CUSTODIAN:

State of West Virginia)
County of Fayette) Scilicet

I, Ricky Pendleton, hereby swear that the attached reproduction of:

AFFIDAVIT - Thirteen (13) pages @ exhibit I

is a TRUE, CORRECT and COMPLETE copy of a document or documents in my possession and I am the custodian of said document or documents.

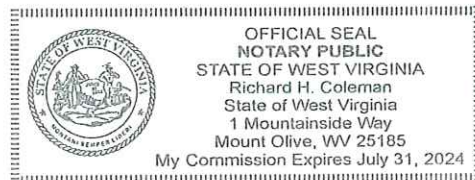
Ricky Pendleton

Signature of Custodian of Original Document(s)

c/o: #3572914-One Mountainside Way
Mount Olive Correctional Complex and Jail
Mount Olive, WV 25185

SUBSCRIBED and SWORN to before me on this 11 day of April 2022.

Richard H. Coleman
Notary Public Signature



AFFIDAVIT

West Virginia State)
) Scilicet
County of Fayette)

"Indeed, no more than [an affidavit] is necessary to make the prima facie case." Godwin v. United States, 564 F. Supp. at 1212, citing United States v. Kis, 658 F.2d 526, 536 (7th Cir. 1981), cert. denied sub nom. Salkin v. United States, 455 U.S. 1018, 72 L. Ed. 2d 135, 102 S. Ct. 1712 (1982). Goldberg v. U.S., 586 F. Supp. 92 (4th Cir. 1984).

That I, Ricky Vincent Pendleton, a living breathing man, being first duly sworn, say and declare by my signature that the following facts are true to the best of my knowledge and belief.

THAT, Ricky Vincent Pendleton, is the Affiant in this matter;

THAT, Affiant's birthday is on March 30th 1976;

THAT, Betsy C. Jividen, Commissioner, West Virginia Division of Corrections and Rehabilitation; Donnie Ames, Superintendent, Mount Olive Correctional Complex and Jail; and Clarence J. Rider, Religious Services Director, West Virginia Division of Corrections and Rehabilitation, are Defendants' in this matter;

THAT, Betsy C. Jividen, Commissioner, is located at: West Virginia Division of Corrections and Rehabilitation; 1409 Greenbrier Street; Charleston, WV 25311;

THAT, Clarence J. Rider, Religious Services Director, is located at: West Virginia Division of Corrections and Rehabilitation; 1409 Greenbrier Street; Charleston, WV 25311;

THAT, Donnie Ames, Superintendent, is located at: Mount Olive Correctional Complex and Jail;

THAT, Affiant's rights under the First Amendment, the Establishment Clause, and RLUIPA are being violated by Defendants' in a prima facie case per 42 U.S.C. §1983;

THAT, Affiant had given defendants' opportunities to address this matter appropriately to no avail;

THAT, defendants' was deliberate indifference to the fact that Affiant's was forced or coerced to this New Special Religious Diet Program;

THAT, defendants' was deliberate indifference to the fact that Affiant has documented records of having health problems at consuming soy texturized products;

THAT, Affiant is forced or coerced to consume soy protein or texturized products according to policy directives §511.00 [2014 version];

THAT, Affiant God Centered Culture of Islam's dietary practice is a Pescatarian diet;

THAT, policy directives §511.00 [2014 version] is in direct violation of Affiant's first amendment rights, RLUIPA and the Establishment Clause;

THAT, policy directives §511.00 [2014 version] is in direct violation of Affiant's sincerely held God Centered Culture of Islamic belief;

THAT, defendants' knew or should have known that Affiant is being forced or coerced to consume soy protein or texturized products according to policy directives §511.00 [2014 version] causing him abdominal pains, digestive problems, and at times vomiting;

THAT, defendants' policy directives §511.00 [2014 version] states: that if Affiant is not in compliance with it, he will be given a regular diet tray, which would be in violation of his sincerely held God Centered Culture of Islamic belief;

THAT, policy directives §511.00 §5 (C) (5) & (6) [2014 version] requirement of a Rabbi to perform rituals cleansing/sanctifying ceremony (Kashering Ceremony) which doesn't represent Affiant's sincerely held God Centered Culture of Islamic belief;

THAT, the New Special Religious Diet Program is in accordance to the policy directives §511.00 [2014 version];

THAT, the New Special Religious Diet Program is friendly towards Hare Krishna, Brahman's dietary practice;

THAT, the New Special Religious Diet Program with the policy directives §511.00 [2014 version] are in direct violation of Affiant's sincerely held God Centered Culture of Islamic belief;

THAT, a Rabbi to perform rituals cleansing/sanctifying ceremony (Kashering Ceremony) which is in direct conflict with Affiant's sincerely held God Centered Culture of Islamic belief;

THAT, Affiant's sincerely held God Centered Culture of Islamic belief is a different sect of Islam;

THAT, Affiant God Centered Culture of Islam's dietary practice is a Pescatarian diet, which means, Affiant can consume all fruits, vegetables, herbs, spices, milk, cheese, and only fish;

THAT, defendants' action along with policy directives §511.00 [2014 version] fails at four factors according to Turner v. Safley, 482 U.S. 78, 107 S. Ct. 2254, 96 L. Ed. 2d 64 (1987);

THAT, defendants' action along with policy directives §511.00 [2014 version] in relation to interest is 'so remote as to render the policy arbitrary or irrational';

THAT, there is no alternative means of exercising the right [exist] that remain open to Affiant;

THAT, there would be no "impact accommodation of the asserted constitutional right will have on guards and other inmates, and on the allocation of prison resources, here at the Mount Olive Correctional Complex and Jail;

THAT, there exist any "obvious, easy alternatives" in fact to the challenge policy directive §511.00 [2014 version] and defendants' actions which is total severance of the New Special Religious Diet Program and to the establishment of Affiant's God Centered Culture of Islam's dietary practice is a Pescatarian diet;

THAT, defendants' actions has amounted to a "conscious or intentional interference with Affiant's free exercise rights;

THAT, defendants' bias toward Affiant's God Centered Culture of Islam's dietary practice is a Pescatarian diet, to establish favors for Hare Krishna, Brahman's dietary practice, in accordance to policy directive §511.00 [2014 version] with the New Special Religious Diet Program;

THAT, defendants' had shown favoritism toward inmate Thomas Drescher: Located at: Mount Olive Correctional Complex and Jail; One Mountainside Way; Mount Olive, WV 25185;

THAT, inmate Thomas Drescher had made agreements with West Virginia Division of Corrections and Mount Olive Correctional Complex, at that time in 1992 and 1999, Agreed Order as filed in Drescher v. West Virginia Dept. of Corrections, Case No. 92-C-48 (Cir. Ct. Marshall Co.) (Id., pp. 14 - 17.) According to Blake v. Rubenstein, 2016 U.S. Dist. LEXIS 142927;

THAT, inmate Thomas Drescher had been involved in the establishment of the New Special Religious Diet Program during the late 2013 to early 2014;

THAT, defendants' now, has catered to inmate Thomas Drescher again, by giving him a no soy diet upon which the New Special Religious Diet Program does not customized meals;

THAT, inmate Thomas Drescher had never claimed soy allergies since him involvement in establishing the New Special Religious Diet Program, where it was his role in selecting the meals to be served in the New Special Religious Diet Program;

THAT, Affiant has recorded documentations whereas he cannot consume soy texturized protein products, of having been vomiting, abdominal pains, digestive issues with other complications, which is being ignored;

THAT, Affiant is forced or coerced to consume the soy texturized protein products by policy directive §511.00 [2014 version]

and by defendants' actions according to the New Special Religious Diet Program;

THAT, the New Special Religious Diet Program is a guise for under the umbrella of the Hare Krishna, Brahman dietary practice;

THAT, Affiant sincerely held God Centered Culture of Islam and dietary practice of a Pescatarian diet is nothing like the Hare Krishna, Brahman dietary practice;

THAT, defendants' had violated the Establishment Clause according to the first amendment to the U.S. Constitution;

THAT, there was no secular purpose other than showing favoritism toward inmate Thomas Drescher and the Hare Krishna, Brahman dietary practice;

THAT, defendants' primary effect was in fact to advance inmate Thomas Drescher and the Hare Krishna, Brahman dietary practice, and to inhibit other religious dietary practice, including Affiant's sincerely held God Centered Culture of Islam and dietary practice of a Pescatarian diet;

THAT, defendants' action and with policy directive §511.00 [2014 version] and for the establishment of the New Special Religious Diet Program created an excessive entanglement between state government and religion, which had in fact the effect of advancing inmate Thomas Drescher and the Hare Krishna, Brahman dietary practice, and to inhibit other religious dietary practice, including Affiant's sincerely held God Centered Culture of Islam and dietary practice of a Pescatarian diet;

THAT, defendants' violated Affiant's First Amendment rights claim, the Establishment Clause including RLUIPA, and the 42 U.S.C. §1983;

THAT, Affiant claims to resolve this matter his relief sought would be to sever him from the New Special Religious Diet Program, and to establish his sincerely held God Centered Culture of Islam with the dietary practice of a Pescatarian diet;

THAT, defendants' action and with policy directive §511.00 [2014 version] which does in fact place a substantial burden onto his sincerely held God Centered Culture of Islam with the dietary practice of a Pescatarian diet;

THAT, Affiant is being forced or coerced to choose between violating a religious precept or depriving of adequate nutrition at consuming the soy texturized protein product which is prohibited towards his sincerely held God Centered Culture of Islam with the dietary practice of a Pescatarian diet, an alternative meat-free diet is available according to the

New Special Religious Diet Program which is not acceptable under other sect of Islamic faith, particularly Affiant's God Centered Culture of Islam for which is causing Affiant of vomiting, abdominal pains, digestive issues constipation with others issues of complications;

THAT, Affiant is being forced or coerced consumption of the soy texturized protein product, which is not only prohibited towards his sincerely held God Centered Culture of Islam of his Pescatarian dietary tenets are restrictions, and also Medically concerned from the fact that it is causing vomiting, abdominal pains, digestive issues, constipation with others issues of complications;

THAT, defendants' action along with policy directive §511.00 [2014 version] granting inmate Thomas Drescher and Hare Krishna, Brahman's dietary practice under guise of this New Special Religious Diet Program while the denial of a privilege to adherents of other religion's dietary practice, in particularly Affiant's sincerely held God Centered Culture of Islam of his Pescatarian dietary tenets, is discrimination on the basis of religion in violation of the equal protection clause of the Constitution;

THAT, Affiant was never given the 'Notice' that the reason for the establishment of the New Special Religious Diet Program was because it is "cost-effective." Instead, Affiant was told to either comply or partake in a regular diet;

THAT, defendants' actions toward an one-size-fits-all religious diet is a violation of First Amendment rights claim, the Establishment Clause including RLUIPA, and the 42 U.S.C. §1983 because there are dietary differences and health concerns especially involving Affiant who is being forced or coerced consumption of the soy texturized

protein product, which is not only prohibited towards his sincerely held God Centered Culture of Islam of his Pescatarian dietary tenets are restrictions, and also Medically concerned from the fact that it is causing vomiting, abdominal pains, digestive issues, constipation with others issues of complications;

THAT, the Hare Krishna community and the diet members of the Brahman caste here in The State of West Virginia of their adoption of the practice in India and elsewhere does not hold precedence against Affiant's sincerely held God Centered Culture of Islam of his Pescatarian dietary tenets;

THAT, Under the Free Exercise Clause, Affiant has a clearly established right to a diet consistent with his religious scruples;

THAT, Affiant demonstrated that he has been treated differently from others with whom he is similarly situated and that unequal treatment was the result of intentional or purposeful discrimination;

THAT, per policy directive §511.00 [2014 version] fails at outlining any restrictions of soy texturized protein products if soy allergies from inmates becomes an issues;

THAT, per policy directive §511.00 [2014 version] also fails to *expressly* states that the defendants' will provide one Religious Special Diet a substitute that complies any inmates whose religious tenet prohibits consuming any soy texturized protein products and health issues for diet restrictions, further showing a violation of secular purpose, advancing other religions by inhibiting Affiant's sincerely held religion and defendants' involvement with any government entanglement with religion by providing a diet that doesn't aligns with Affiant's sincerely held God Centered Culture of Islamic dietary tenet

of the Pescatarian diet, for violation of the, *Lemon v. Kurtzman*, 403 U.S. 602, 612-13, 91 S. Ct. 2105, 29 L. Ed. 2d 745 (1971);

THAT, by severance of Affiant from the New Special Religious Diet Program and the establishment of his sincerely held God Centered Culture of Islamic dietary tenet of the Pescatarian diet would not be "cost-effective," due to the fact that Affiant would receive what items relates toward a vegetarian diet on the menu of each days for Breakfast, Lunch and Dinner with which whenever general population is scheduled for fish on the menu that Affiant will be served fish. Thus, for the soy texturized protein a substitution is a religious and a medical requirement;

THAT, if Affiant submits to the strict dietary requirements of the Hare Krishna and the Hindu people which would be a blatant disrespect and a violation toward his sincerely held God Centered Culture of Islamic dietary tenet of the Pescatarian diet;

THAT, Affiant only submits onto the will of the True and Living power of Allah;

THAT, Affiant is being deprived of an adequate nutrition from defendants' deliberate indifference of his medical issue of abdominal pains, digestive issues, vomiting including other issues of constipation and religious prohibition from consuming any soy texturized protein products;

THAT, Affiant does not submits to any men's religions nor any of their dietary practices;

THAT, Affiant's is being forced to consume "soy-based" products without any substitute;

THAT, Affiant reasonably believes that aforementioned is true and accurate to the best of his knowledge, wisdom, and understanding;

THAT, Affiant's Equal Protection Clause was violated by Defendants' by [he] being treated differently from the majority of inmates receiving regular tray with whom he is similarly situated and that the unequal treatment was the result of intentional or purposeful discrimination;

THAT, the disparate treatment [was not] reasonably related to any legitimate penological interests;

THAT, the disparity was not justified under the appropriate level of scrutiny;

THAT, Affiant has proven in a prima facie showing by way of a Memorandum of Law in Support of his recently filed 42 U.S.C. §1983 along with this Affidavit that four factors which are relevant to his equal protection claim under *Turner v. Safley*, 482 U.S. 78, 85, 107 S. Ct. 2254, 96 L. Ed. 2d 64 (1987);

THAT, Affiant's Equal Protection Clause was violated by Defendants' by [he] being treated differently from the majority of inmates receiving regular tray where they can eat onions, tomatoes, and vegetables including fish. Where Affiant is similarly situated with the majority of these inmates and he can't eat the aboved mentioned food products since his Pescatarian dietary practice which does allow him to consume them, but is being denied.

THAT defendants' are either Christians, related to any Christianity based religion or an atheist who are biased towards Affiant's sincerely held belief of the God Centered Culture of Islam and his dietary practice of being Pescatarian.

THAT defendants' possible Christianity background may make them partial to Affiant.

THAT, Affiant's exercise of his sincerely held belief of the God Centered Culture of Islam is substantially burdened by defendants' policy directive §511.00 [2014 version] because the Rabbi is in direct conflict of interest with this Islamic belief;

THAT, Affiant's Free Exercise Clause of the First Amendment to the United States Constitution, made applicable to the states under the Fourteenth Amendment, right to practice his sincerely held belief of the God Centered Culture of Islam and his Pescatarian dietary practice is no showing that such restriction is reasonably related to a legitimate penological interest;

THAT, defendants' policy directive §511.00 [2014 version] does put a substantial burden on his religious exercise because the religious diet forced Affiant to consume all soy products proven by Affiant, the layperson to be of being bad towards his of causing him to vomit, having abdominal pains, constipations with other stomach issues which is "not acceptable in his Islamic law" which is different from other Islamic laws per 73 sects of Islamic practices;

THAT, Affiant is being forced to choose between violating a religious precept or depriving himself of adequate nutrition; an alternative soy-based product diet is forcefully available that is "not" acceptable under the God Centered Culture of Islamic Laws;

THAT, the WVDOC Policy Directive 511.00 [2014 version] actually creates one Religious Special Diet that doesn't meets the dietary restrictions of Affiant's dietary practice. The diet contains soy-based products which is "Haram" or "forbidden by his religion," under the God Centered Culture of Islamic Laws;

THAT, by defendants' interference of Affiant's sincerely held belief of the God Centered Culture of Islam does place a "substantial burden" on the exercise of his religion because of being force to consume soy-based products which is Haram or forbidden by his Islamic laws at causing him to vomit, constipation, stomach pains, and adominal issues;

THAT, the God Centered Culture of Islamic Laws is different from other Islamic Laws, in which there are approximately 73 sects of Islamic faith with also different laws;

THAT, Affiant is being forced to consume soy-based products which is Haram or forbidden by his Islamic laws at causing him to vomit, constipation, stomach pains, and adominal issues does violates the tenets of his faith;

THAT, Affiant's dietary Pescatarian tenets are requirement and is also a restrictions of soy-based products due to it causing him, to vomit, constipation, stomach pains, and abdominal issues;

THAT, WVDOC Policy Directive 511.00 [2014 version] is the basis for Affiant's claimed violation of his rights on its face does demonstrates that is a substantial burden on his ability right to practice his Pescatarian dietary tenets under the God Centered Culture of Islamic Laws;

THAT, Affiant proves that he suffered more than an "inconvenience" or that he was forced to abandon one of the precepts of his sincerely held belief of the God Centered Culture of Islam by the Ramadan policy per WVDOC Policy Directive 511.00 [2014 version] by consuming soy-based products at which causing him to vomit, constipation,

stomach pains, and abdominal issues. Defendants' "intentionally and without sufficient justification" denied Affiant a diet that complies with Ramadan's requirements. Where he is forced eat the soy-based products provided to him when he deems not appropriate in and forbidden accordance with his religious beliefs of precepts of his sincerely held belief of the God Centered Culture of Islam;

THAT, WVDOC Policy Directive 511.00 [2014 version] does not outline the dietary substitution for restrictions if anyone who does has any serious issues consuming any soy-based products;

THAT, this Affidavit consists of Thirteen (13) pages;

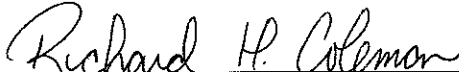
Further Affiant Say Nothing.

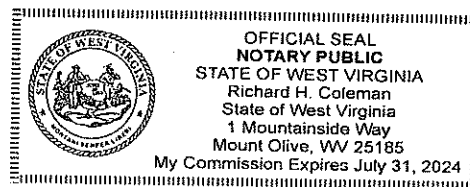
Done this 11th day of April, 2022.


Affiant Signature

ACKNOWLEDGEMENT

SUBSCRIBED TO AND SWORN before me this 11 day of April 2022.
A Notary Public, that Ricky Vincent Pendleton, Affiant personally appeared and known to me to be the man whose name is subscribed to within this Affidavit and Acknowledged to be the same.


Notary Signature



**UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON**

RICKY VINCENT PENDLETON,

Plaintiff,

v.

Civil Action No. 2:22-CV-00178

BETSY C. JIVIDEN, Commissioner,
WV Division of Corrections and Rehabilitation,
CLARENCE J. RIDER, Religious Service Director,
WV Division of Corrections and Rehabilitation, and
DONNIE AMES, Superintendent, Mount Olive
Correctional Complex and Jail,

Respondents'.

EXHIBIT - J -

PLAINTIFF'S Grievance Process for Equal Protection Clause violation

WVDCR Inmate Grievance Form

Grievance No. 22 - MOLL - FI - 39

387 454

Ricky Pendleton

#3572914

March 9, 2022

Inmate Name

OID #

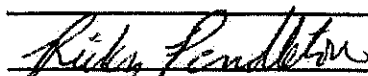
Date of Grievance

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Unit Manager or Director of Inmate Services. NO WRITING ON BACK): Being treated differently than other inmates.

The Equal Protection Clause is being violated against me, when I am similarly situated with inmates, but I am being treated differently because these inmates at Mount Olive Correctional Complex and Jail can eat fish, onions, tomatoes and other vegetables, but I cannot even when I can eat these items. I am being discriminated against because my religious dietary tenet which allow me eat these above mentioned foods, that I am being denied to consume, and coerced to consume other unforbidden foods.

Relief Sought (state what you want):

Redress- For the establishment of my Pescatarian dietary practice of eating all available fruits and vegetables including fish.



(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Inmate's Signature

Unit Manager or Director of Inmate Services Response (attach additional sheet if needed)

Accepted ☒ Rejected ☐ Reason for Rejection: _____ Date: 12 Mar 2022

Response on Merits if accepted:

You will need to send a request to the Chaplain for clearance of the religious diet.



Signature

Resolved ☐ (If so initial and give a copy to Unit Manager)Appealed to Superintendent RUP (initial) Date: 18 Mar 2022

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00

Inmate's Signature

Date

Action by Superintendent:

Accepted ☒ Rejected ☐ Reason for Rejection: _____ Date: _____Response on Merits if accepted: ☐ Remand to Unit for further action ☒ Affirm unit and/or deny grievance ☐ Grant the Grievance as specifiedComments I do not see how you can eat available fruits + veg + fish as well as fish


Date

MAR 21 2022

(Attach additional sheet if necessary)

Resolved: ☐ (If so initial and give a copy to Unit Manager or Director of Inmate Services) Appealed to Commissioner RUP (initial) Mar 22, 2022

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00

Inmate's Signature

Action by Commissioner:

Accepted ☒ Rejected ☐Response on Merits if accepted: ☐ Affirm Superintendent and deny grievance (Affix final stamp) ☐ Other, memo attached.

Affirmed
Grievance Denied
Central Office
Grievance Review

RECEIVED
MAR 21 2022
SUPERINTENDENT
MOCC8J
APR 5 2022